

**VARSIITY SCOUT
ROCKER**

LOCATION: LOWER ROSS PARK (So. 4th)

REGISTRATION FORM

PLEASE PRINT - PLEASE BRING WITH YOU TO EVENT

District _____ Team _____

Team Coach _____ Phone _____

Assistant Coach _____ Phone _____

PARTICIPANT'S NAME*

SKILL LEVEL

***ALL PARTICIPANTS MUST BE REGISTERED VARSITY SCOUTS
AND PROVIDE MEDICAL RELEASE (FORM ENCLOSED).**